

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Omnicare, Inc. Political Action Committee

ADDRESS (number and street) ▼

1275 Pennsylvania Avenue, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00392886

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ Primary (12P)
PRE-Election
Report for the:☐

Convention (12C)

☐☐

General (12G)

☐

Special (12S)

☐

Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

☐ General (30G)
POST-Election
Report for the:☐

Runoff (30R)

☐☐

Special (30S)

☐

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Heather Cutler

Signature of Treasurer

Heather Cutler

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		104128.25
(b) Cash on Hand at Beginning of Reporting Period.....	122603.56	
(c) Total Receipts (from Line 19)	5122.28	24897.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	127725.84	129025.53
7. Total Disbursements (from Line 31)	1031.39	2331.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	126694.45	126694.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4989.28	13564.28
(ii) Unitemized	133.00	11333.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	5122.28	24897.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5122.28	24897.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5122.28	24897.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5122.28	24897.28

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	439.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	439.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1031.39	1891.22
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1031.39	2331.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1031.39	2331.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5122.28	24897.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5122.28	24897.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	439.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	439.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd Anderson

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : 2016012814630-231

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Todd Anderson

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : 2016012814630-232

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Todd Anderson

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : 2016012814630-233

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd AndersonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-234

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Todd AndersonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-235

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Todd AndersonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-236

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd AndersonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-237**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Alan BellMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-238**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Alan BellMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-239**

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan BellMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015**Transaction ID : 2016012814630-240**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Alan BellMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015**Transaction ID : 2016012814630-241**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Alan BellMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015**Transaction ID : 2016012814630-242**

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan BellMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 18 2015**Transaction ID : 2016012814630-243**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Alan BellMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015**Transaction ID : 2016012814630-244**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jonathan BormanMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP. Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 09 2015**Transaction ID : 2016012814630-245**

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan BormanMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP. Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 23 2015**Transaction ID : 2016012814630-246**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Jonathan BormanMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP. Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 06 2015**Transaction ID : 2016012814630-247**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Jonathan BormanMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP. Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 20 2015**Transaction ID : 2016012814630-248**

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan Borman

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP. Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 2016012814630-249

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Jonathan Borman

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP. Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016012814630-250

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Jonathan Borman

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP. Strategic Sourcing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-251

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry BressMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-259

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Barry BressMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-260

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Barry BressMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-261

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig CapellMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Client Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-262

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mark CelebreMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-263

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mark CelebreMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-264

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark CelebreMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-265

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mark CelebreMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-266

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mark CelebreMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-267

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Celebre

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016012814630-268

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mark Celebre

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-269

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeremy Colvin

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-270

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeremy ColvinMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-271

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeremy ColvinMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-272

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeremy ColvinMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-273

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeremy ColvinMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-274

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeremy ColvinMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-275

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeremy ColvinMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-276

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beth CoryeaMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Program Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-277**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Beth CoryeaMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Program Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-278**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Beth CoryeaMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Program Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015**Transaction ID : 2016012814630-279**

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beth Coryea

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Program Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-280

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Beth Coryea

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Program Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-281

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Beth Coryea

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Program Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016012814630-282

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beth Coryea

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Program Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-283

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. William Deane

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Vice President, Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-284

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. William Deane

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Vice President, Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 2016012814630-285

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. William DeaneMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Vice President, Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015**Transaction ID : 2016012814630-286**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. William DeaneMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Vice President, Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015**Transaction ID : 2016012814630-287**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. William DeaneMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Vice President, Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015**Transaction ID : 2016012814630-288**

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Deane

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Vice President, Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016012814630-289

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. William Deane

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Vice President, Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-290

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-291

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian EganMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-292

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Brian EganMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-293

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Brian EganMailing Address 201 E. Fourth Street
900 Omnicare CenterCity State Zip Code
Cincinnati OH 45202FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-294

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian EganMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-295

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Brian EganMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-296

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Brian EganMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-297

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. James FallsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-298**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. James FallsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-299**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. James FallsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015**Transaction ID : 2016012814630-300**

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. James FallsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			20			2015					

Transaction ID : 2016012814630-301

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. James FallsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

Transaction ID : 2016012814630-302

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. James FallsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			18			2015					

Transaction ID : 2016012814630-303

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. James FallsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : 2016012814630-304

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Roberta HalversonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : 2016012814630-305

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Roberta HalversonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			23			2015					

Transaction ID : 2016012814630-306

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roberta HalversonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-307

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Roberta HalversonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-308

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Roberta HalversonMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-309

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roberta Halverson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016012814630-310

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Roberta Halverson

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-311

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Terry Harris

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-312

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Harris

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 2016012814630-313

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Terry Harris

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 2016012814630-314

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Terry Harris

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : 2016012814630-315

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry HarrisMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015**Transaction ID : 2016012814630-316**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Terry HarrisMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015**Transaction ID : 2016012814630-317**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Terry HarrisMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-318**

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher King

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-326

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher King

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 2016012814630-327

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Christopher King

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 2016012814630-328

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher KingMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : 2016012814630-329

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher KingMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : 2016012814630-330

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Christopher KingMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : 2016012814630-331

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher KingMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-332**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Susan KlemMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-333**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Susan KlemMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-334**

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan Klem

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-335

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Susan Klem

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-336

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Susan Klem

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-337

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan KlemMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015**Transaction ID : 2016012814630-338**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Susan KlemMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-339**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert KraftMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

EVP & President, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2135.71

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-340**

Amount of Each Receipt this Period

35.71

SUBTOTAL of Receipts This Page (optional)..... ►

75.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Kraft
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

 City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

EVP & President, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2135.71

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 23 2015

Transaction ID : 2016012814630-341

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donna Lecky
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

 City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 09 2015

Transaction ID : 2016012814630-356

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Donna Lecky
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

 City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 23 2015

Transaction ID : 2016012814630-357

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna Lecky

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-358

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Donna Lecky

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-359

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Donna Lecky

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-360

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna LeckyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015**Transaction ID : 2016012814630-361**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Donna LeckyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-362**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Patrick LeeMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP,LTC Product & Bus Devl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.57

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-363**

Amount of Each Receipt this Period

3.57

SUBTOTAL of Receipts This Page (optional)..... ►

83.57

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Lockard

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 2016012814630-364

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John Lockard

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 2016012814630-365

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John Lockard

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-366

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John LockardMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-367

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John LockardMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-368

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John LockardMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-369

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Lockard

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : 2016012814630-370

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Nancy Losben

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2015

Transaction ID : 2016012814630-371

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Nancy Losben

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2015

Transaction ID : 2016012814630-372

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy Losben

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-373

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Nancy Losben

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-374

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Nancy Losben

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-375

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 45 OF 102

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy Losben
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-376

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Nancy Losben
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-377

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Matt Massey
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-378

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matt Massey

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : 2016012814630-379

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Matt Massey

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : 2016012814630-380

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Matt Massey

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : 2016012814630-381

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matt MasseyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-382

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Matt MasseyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-383

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Matt MasseyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-384

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 102
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Justin May

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-385

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Justin May

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 2016012814630-386

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Justin May

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 2016012814630-387

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Justin May

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-388

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Justin May

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-389

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Justin May

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016012814630-390

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Justin May

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : 2016012814630-391

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher Miller

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2015

Transaction ID : 2016012814630-392

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Christopher Miller

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2015

Transaction ID : 2016012814630-393

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Miller

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-394

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher Miller

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-395

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Christopher Miller

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-396

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Miller

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016012814630-397

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher Miller

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : 2016012814630-398

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Allison Moser

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2015

Transaction ID : 2016012814630-399

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allison Moser

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-400

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Allison Moser

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-401

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Allison Moser

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-402

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allison Moser

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016012814630-403

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Allison Moser

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : 2016012814630-404

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lori Neely

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 2016012814630-405

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori NeelyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 2016012814630-406

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lori NeelyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 2016012814630-407

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lori NeelyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 2016012814630-408

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori NeelyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : 2016012814630-409

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lori NeelyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : 2016012814630-410

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lori NeelyMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : 2016012814630-411

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher PalenMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-412

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher PalenMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-413

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Christopher PalenMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-414

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Palen

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-415

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Christopher Palen

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-416

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Christopher Palen

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016012814630-417

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher PalenMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-418**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Darren ParksMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-419**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Darren ParksMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-420**

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darren ParksMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-421

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Darren ParksMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-422

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Darren ParksMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-423

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darren Parks

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016012814630-424

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Darren Parks

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-425

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : 2016012814630-426

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-427

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : 2016012814630-428

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-429

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : 2016012814630-430

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-431

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

Transaction ID : 2016012814630-432

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-433

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : 2016012814630-434

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-435

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-436

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : 2016012814630-437

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen RappaMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-438

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy RobertsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : 2016012814630-439

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Amy RobertsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : 2016012814630-440

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Amy RobertsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 2016012814630-441

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy RobertsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015**Transaction ID : 2016012814630-442**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Amy RobertsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015**Transaction ID : 2016012814630-443**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Amy RobertsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015**Transaction ID : 2016012814630-444**

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy RobertsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-445**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh JrMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-446**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh JrMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-447**

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh JrMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-448

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh JrMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-449

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh JrMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-450

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh Jr

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016012814630-451

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh Jr

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-452

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Kimberly Spooner

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-453

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberly SpoonerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-454**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kimberly SpoonerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015**Transaction ID : 2016012814630-455**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Kimberly SpoonerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015**Transaction ID : 2016012814630-456**

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberly SpoonerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-457

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kimberly SpoonerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-458

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Kimberly SpoonerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-459

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robin Taylor

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 2016012814630-460

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robin Taylor

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 2016012814630-461

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robin Taylor

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-462

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robin TaylorMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : 2016012814630-463

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robin TaylorMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : 2016012814630-464

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robin TaylorMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : 2016012814630-465

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robin TaylorMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : 2016012814630-466

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Daniel ThomasMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM, RxCrossroads

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : 2016012814630-467

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Daniel ThomasMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM, RxCrossroads

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			23			2015					

Transaction ID : 2016012814630-468

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gina TimmonsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-469

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Gina TimmonsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-470

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gina TimmonsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-471

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gina TimmonsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015**Transaction ID : 2016012814630-472**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Gina TimmonsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015**Transaction ID : 2016012814630-473**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gina TimmonsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015**Transaction ID : 2016012814630-474**

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 78 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gina Timmons
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-475

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Janice Tucker
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-476

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Janice Tucker
 Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-477

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ▶

40.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janice TuckerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-478

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Janice TuckerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-479

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Janice TuckerMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-480

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janice Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : 2016012814630-481

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Janice Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : 2016012814630-482

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Thomas Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 09 2015

Transaction ID : 2016012814630-483

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2015

Transaction ID : 2016012814630-484

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 06 2015

Transaction ID : 2016012814630-485

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Thomas Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 20 2015

Transaction ID : 2016012814630-486

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : 2016012814630-487

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : 2016012814630-488

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Thomas Tucker

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 2016012814630-489

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Customer Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 2016012814630-490

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Customer Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 2016012814630-491

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Customer Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-492

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Customer Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-493

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Customer Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-494

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Customer Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016012814630-495

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dawn Tuttle

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director, Customer Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 31 / 2015

Transaction ID : 2016012814630-496

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 2016012814630-497

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 2016012814630-498

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-499

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-500

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-501

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016012814630-502

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Denise Von Dohren

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-503

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Weiss

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-504

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas WeissMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-505

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas WeissMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-506

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Thomas WeissMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-507

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Weiss

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-508

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas Weiss

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016012814630-509

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Thomas Weiss

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 31 / 2015

Transaction ID : 2016012814630-510

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig WhiteMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-511

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Craig WhiteMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : 2016012814630-512

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Craig WhiteMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 2016012814630-513

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig White

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2015

Transaction ID : 2016012814630-514

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Craig White

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2015

Transaction ID : 2016012814630-515

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Craig White

Mailing Address 201 E. Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : 2016012814630-516

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig WhiteMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-517**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Marie WilliamsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-518**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Marie WilliamsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-519**

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marie Williams

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-520

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Marie Williams

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-521

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Marie Williams

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-522

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marie WilliamsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-523

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Marie WilliamsMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Director of Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-524

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Janine WolframMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : 2016012814630-525

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janine Wolfram

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 2016012814630-526

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Janine Wolfram

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 2016012814630-527

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Janine Wolfram

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : 2016012814630-528

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 96 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janine WolframMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-529

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Janine WolframMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-530

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Janine WolframMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 2016012814630-531

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Wood

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 2016012814630-532

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael Wood

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : 2016012814630-533

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael Wood

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 2016012814630-534

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael WoodMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : 2016012814630-535

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael WoodMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 2016012814630-536

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael WoodMailing Address 201 E. Fourth Street
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016012814630-537

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 102

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael WoodMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations, LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015**Transaction ID : 2016012814630-538**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Barbara ZarowitzMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : 2016012814630-539**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Barbara ZarowitzMailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015**Transaction ID : 2016012814630-540**

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 OF 102

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara Zarowitz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 2016012814630-541

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Barbara Zarowitz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 2016012814630-542

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Barbara Zarowitz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 2016012814630-543

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara Zarowitz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016012814630-544

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Barbara Zarowitz

Mailing Address 201 E. Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : 2016012814630-545

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

4989.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. US BANK

Mailing Address P.O. Box 1800

City	State	Zip Code
Saint Paul	MN	55101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : M2BFCF702740BE53C341

Amount of Each Disbursement this Period

139.92

Full Name (Last, First, Middle Initial)

B. US BANK

Mailing Address P.O. Box 1800

City	State	Zip Code
Saint Paul	MN	55101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : M85BA4DACB76B5F7973B

Amount of Each Disbursement this Period

406.29

Full Name (Last, First, Middle Initial)

C. US BANK

Mailing Address P.O. Box 1800

City	State	Zip Code
Saint Paul	MN	55101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : M456EE22B387910D0F16

Amount of Each Disbursement this Period

485.18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1031.39

1031.39
